



TAX YEAR 2015 STATE OF TENNESSEE PROPERTY TAX FREEZE APPLICATION

*** CITY OF MEMPHIS ***

PRINT IN BLACK OR BLUE INK ONLY

*** RECERTIFICATION ***

IS APPLICANT CURRENTLY
RECEIVING PROPERTY TAX
RELIEF FOR THE ELDERLY?☐ NO - COMPLETE BOXES 1 - 34☐ YESAPPLICATION# _____
ATTACH COPY OF CURRENT
YEAR ACV OR DV AND SKIP TO
BOX 32

1. OWNERSHIP - CHOOSE ONE

☐ SOLE OWNER ☐ CO-OWNERSIF APPLICANTS NAME IS NOT ON
PROPERTY TAX RECEIPT, ATTACH
OWNERSHIP EVIDENCE2. LIFE ESTATE - CHOOSE ONE IF
APPLICABLE☐ NO ☐ YES

IS REMAINDER LIVING ON PROPERTY?

☐ NO ☐ YES - PROVIDE INCOME AND
COMPLETE 26 - 27

3. MOBILE HOME

☐ NO ☐ YESIF YES ATTACH TITLE
OR BILL OF SALE

4. COUNTY #

079

5. CITY #

479

6. DI

7. MAP

8. GROUP

9. CNTL MAP

10. PARCEL

11. PI

12. SI

13. LAST NAME

FIRST NAME

MI

14. ADDITIONAL OWNER SHOULD BE
LISTED IN BOX 26☐ IF MORE THAN TWO OWNERS,
LIST IN REMARKS (BOX 31)

15. SOCIAL SECURITY NUMBER

16. BIRTH DATE

MONTH

DAY

YEAR

17. TELEPHONE NUMBER

()

18. STREET ADDRESS OF PRINCIPAL RESIDENCE (STREET, OR ROUTE WITH BOX NO.)

19. CITY OF PRINCIPAL RESIDENCE

TN

20. ZIP CODE

21. MAILING ADDRESS IF DIFFERENT FROM ADDRESS OF PRINCIPAL RESIDENCE (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)

22. MAILING CITY

23. STATE

24. ZIP CODE

25. MAILING ADDRESS STATUS: FOR BLOCKS 21 - 24 ONLY ☐ PERMANENT ☐ TEMPORARY GIVE REASONS IN REMARKS (BOX 31)26. ☐ CO - OWNER☐ SPOUSE

LAST NAME

FIRST NAME

MI

☐ RESIDENT REMAINDER

27. SOCIAL SECURITY NUMBER

BIRTH DATE

MONTH

DAY

YEAR

28. INCOME LIMIT **is \$37,720**ANNUAL 2014 INCOME
APPLICANT CO - OWNER / SPOUSE

SSA \$ \$

SSI \$ \$

RET/PEN \$ \$

VA \$ \$

WORKERS' COMP \$ \$

SALARY/WAGES \$ \$

DIV/INT \$ \$

OTHER \$ \$

ADJUSTMENTS \$ - \$ -

TOTAL \$ \$

NO INCOME ☐☐

GRAND TOTAL \$

29. APPLICANT LOCATION - CHOOSE ONE

☐ LIVING ON PROPERTY☐ NOT LIVING ON PROPERTY☐ IN NURSING HOME☐ AT RELATIVE'S HOME☐ OTHER

YEAR RELOCATED: _____

GIVE REASON FOR RELOCATION IN REMARKS (BOX 31)

IS HOUSE RENTED?

☐ NO☐ YES

30. DECEASED OWNERS:

LAST NAME	FIRST NAME	RELATION	YEAR OF DEATH
1. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	_____
2. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	_____
3. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	_____

31. Remarks: (Please Print) Attach additional sheet if necessary

I certify this information to be correct and understand I am subject to penalty and interest for intentionally providing false information. Any taxpayer, who knowingly provides false information concerning the taxpayer's income or other information relative to eligibility for such program, commits a Class A misdemeanor. For a period of 18 months, I voluntarily authorize the Social Security Administration, Internal Revenue Service, or anyone, to release my social security number, name, date of birth, disability status, and income to the Property Tax Freeze Program. I certify that the property for which the tax freeze is sought is my principal residence for voting purposes and that I have not submitted another property as my principal residence for any purpose in the jurisdiction, the State of Tennessee or any other state.

32. APPLICATION DATE:

_____/_____/20____

APPLICANT'S SIGNATURE _____

CO-OWNER /SPOUSE/ RESIDENT REMAINDER SIGNATURE _____

33. WITNESS TO SIGNATURE MARK – This is to certify that we have witnessed the signing of this application by: _____
Applicant's Name

Witness _____ Address _____

Witness _____ Address _____

34. Certification by Collecting Official:

I certify that I have exercised reasonable care in reviewing documentation provided by the applicant or other sources and am satisfied that:

- a) The applicant meets the age requirements of the program,
- b) The applicant owns the residence for which application is made; and
- c) The income from all owners of the property meets the income requirements of the program

I assert that I have exercised reasonable care and am satisfied the applicant understood that intentionally providing false information could result in the required repayment of any tax savings, plus penalty and interest charges.

I further assert that I detect no condition in this application which would necessitate any documentation from this applicant in addition to that submitted.

Base Tax Year: _____

Trustee ☐City Collecting Official ☐

Base Tax Freeze Amount: _____

Base Tax Year Tax Rate: _____

Signature _____

Date _____

FOR OFFICIAL USE ONLY

Total Assessed Value: _____

Total Parcel Size: _____

Property Use: _____

Property Split: Frozen _____ Other _____

Determined By _____

Date _____